



BRIAN HEAD TOWN
P.O. BOX 190068
BRIAN HEAD, UTAH 84719
435-677-2029



ANIMAL LICENSE

DATE: _____
Issued: _____

TAG #

NAME OF ANIMAL: _____

TYPE & BREED OF ANIMAL:
_____/_____

- ☐ Has this animal been involved in any biting types of incidents (if yes, please attached a separate sheet of paper explaining the incident(s):

SEX: _____ SPAYED / NEUTERED? YES NO

DESCRIPTION OF ANIMAL:

OWNER/PERSON RESPONSIBLE:

MAILING ADDRESS: _____

STREET ADDRESS _____

HOME PHONE: _____ WORK PHONE

Cell phone: _____ e-mail address: _____

- ☐ **ATTACH PHOTO OF ANIMAL.**
- ☐ **ATTACH PHOTOCOPY OF CURRENT IMMUNIZATION RECORDS**
(IF NO RECORDS ARE AVAILABLE, PLEASE PROVIDE THE VET'S NAME AND PHONE NUMBER WHERE IMMUNIZATIONS WERE GIVEN ALONG WITH APPROXIMATE DATES)

AMOUNT PAID \$ _____

RECEIVED BY : _____

License is valid for one year and will expire on: _____.